

Hughes Enterprises/John Hughes
3904 Piute Hill Rd
Lake Isabella, Ca 93240
760-549-3091
hughesjm31@gmail.com

Michael Jones
PO Box 347
Mammoth Lakes, CA 93546

RE: Letter of Intent
25088 Hwy 6
Benton, CA

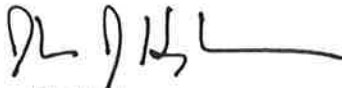
This is a proposed installation of power to an existing water well on the above addressed property.

When the property was purchased, the owner did not put the electric meter in his name. SCE upgraded the power poles along HWY 6 and disconnected the transformer and cut all power to the existing meter and well. We have an approved plan with SCE to run power to the well again, the 3" conduit is in place along with a new electric panel, and ready for SCE to run new wire to the panel.

The intent is to get power to the well, have the local well company come and make repairs to the well, and have water available to the property. The intent of the owner is to finish cleaning up the property, find the existing utilities that are in place, and re-establish existing landscape and trees. There is no intent to live on the property until the proper permits are applied for a living structure and garage.

If there are any further questions, you can contact me at the above address and phone number.

Sincerely,

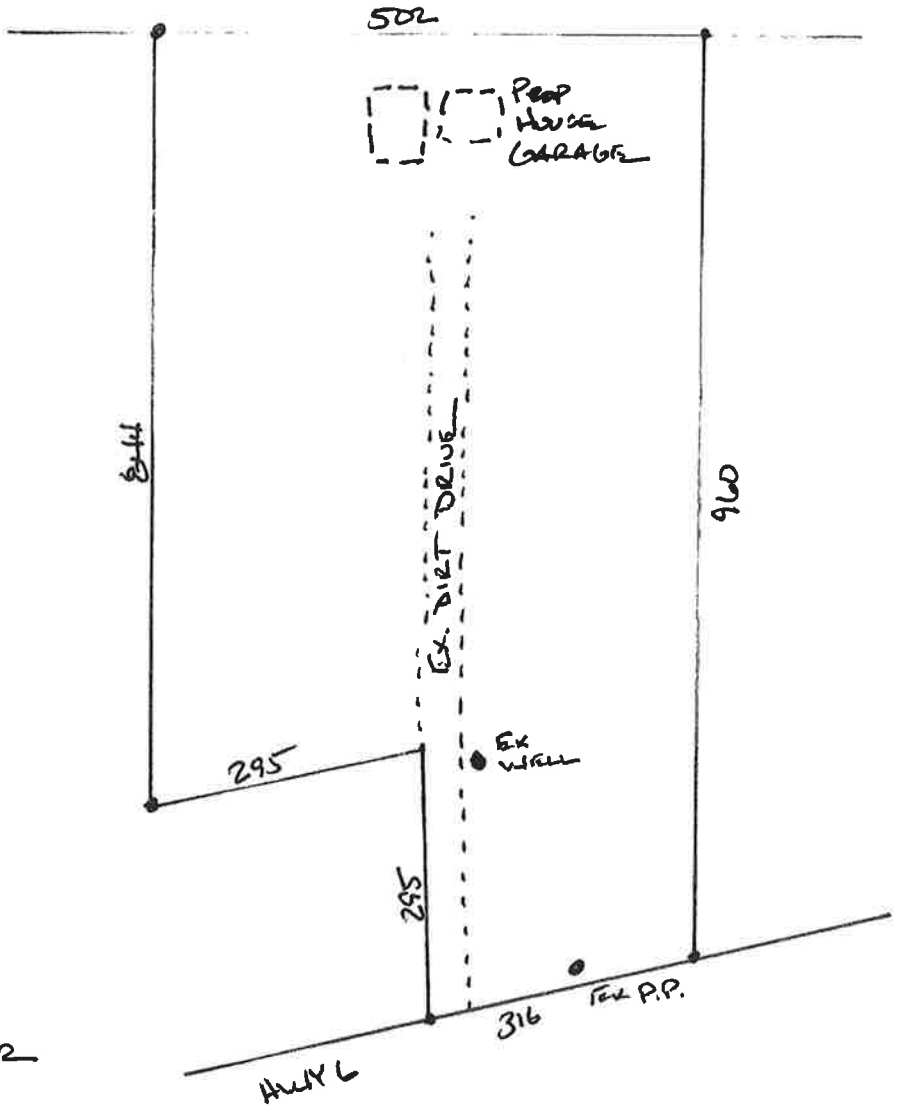
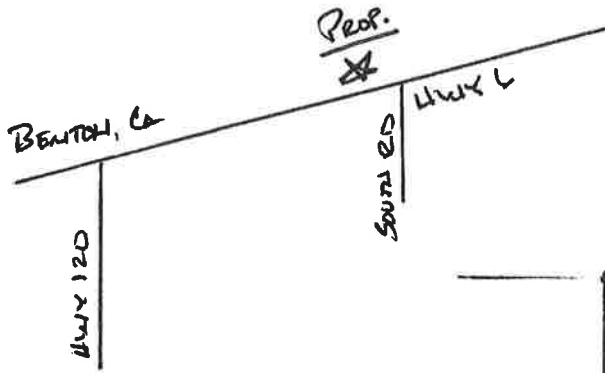


John Hughes

Hughes Enterprises

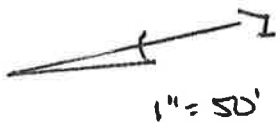
PREVIOUS PERMITS COPIED AND INCLUDED
FINAL DESIGN BY SCE INCLUDED - UNDERGROUND

SITE MAP
HTS



GENERAL PLAN

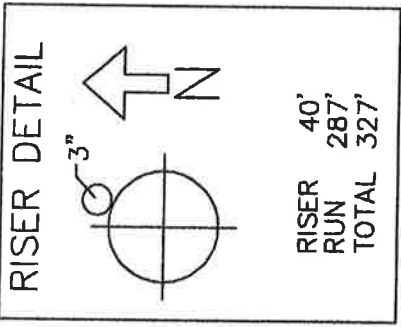
FUTURE 900^{sq} GARAGE
FUTURE 1150^{sq} MODULAR



Plot Plan

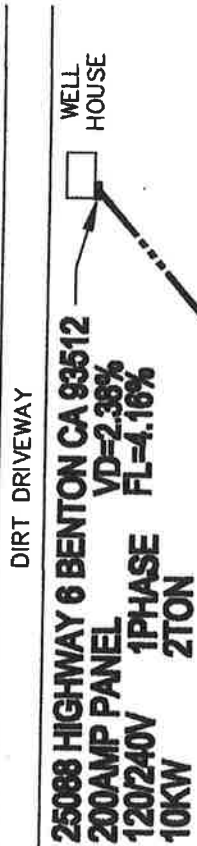
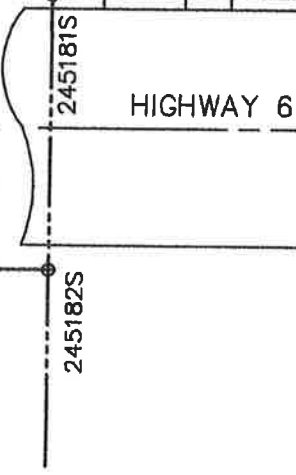
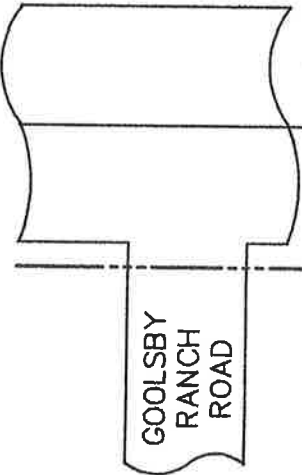
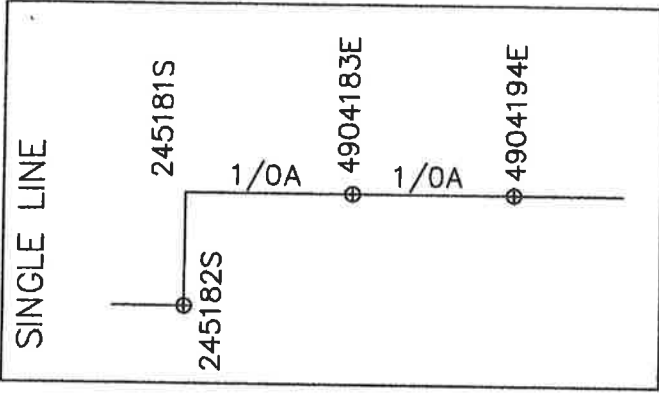
PROPOSED ELEC PANEL
FUT. WELL SITE

25092 HWY 6 BENTON, CA
25-030-14

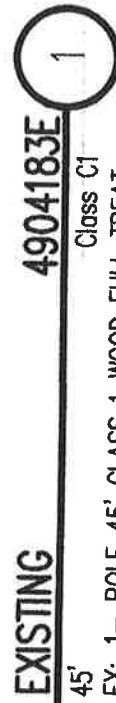


FINAL DESIGN
APPROVED FOR CONSTRUCTION

*UHD ELBOWS
3" CONDUIT IN PLACE
APPROVED BY SCE*



CO: 1-3" (281')
HH TO METER
IN: 291' 2-1/0 1-#2 CLP



- EX: 1- POLE 45' CLASS 1 WOOD FULL TREAT
- IN: 1- GR OH #6 SOL WP SECONDARY W/ROD
- IN: 1- SA HFA POLY W/GND & T-GAP NO PRI-N 12KV
- IN: 1- FE CO MNT FOR ELF W/8' XA 100A 12KV 1P
- IN: 2- FE FUSE ELF 15KV 6A
- IN: 1- TR OH 25KVA 12KV 120/240 1P
- SN:
- IN: 1- MISC AVIAN TRANS BUSHING COVER 3.25-4.25
- IN: 1- TM 2-1/0 & 1-#2 600V 1P UG TO OH
- IN: 1- RSR 3" TO 2" EXTENSION
- IN: 1- CNN BAR INS LT DUTY #8-350 1P 4-WAY

CO: 1-17"X30"X15" HH
IN: 3-4WAY UTELCO'S

3-1/0A

I N S P E C T I O N R E C O R D

Well permit no. 26-90-31 Applicant: SMUCH

Application approved (date): 5-22-90

Well taped to 20 FT on _____ by DM

Well seal inspected on 7-19-90 by DM

Bacteriological sample results received _____

Well log received 10-1-90

Well finalized on [Signature]

6-91-5
25-030-4

DL

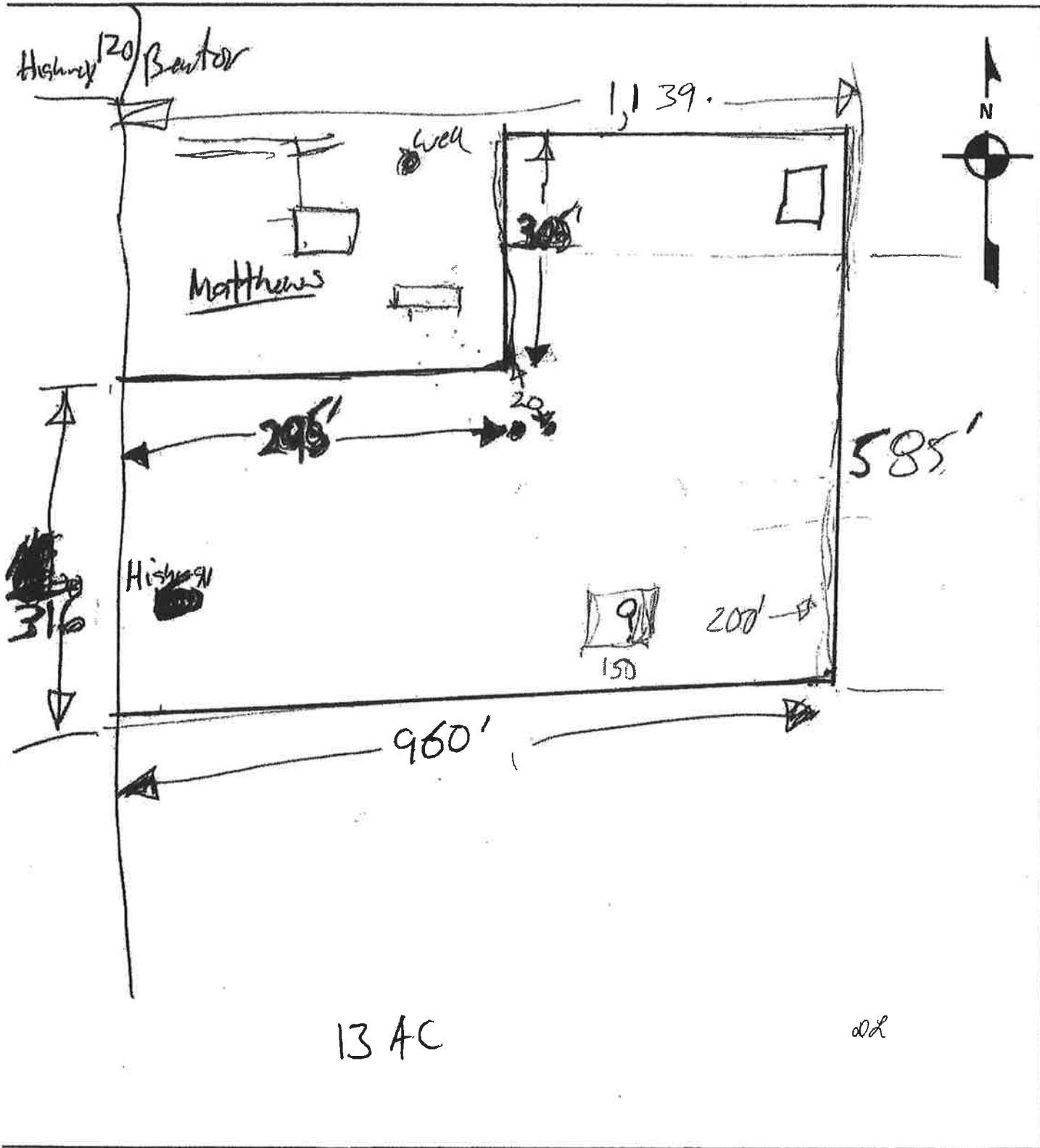
Well Permit Application

Permit No. _____

LOCATION

Assessor's Parcel No. _____

INDICATE BELOW THE EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS. INCLUDE DIMENSIONS.



MONO COUNTY HEALTH DEPARTMENT

Permit No. 26-90-31

P. O. Box 476
Bridgeport, California 93517
Telephone (714) 932-7485

Location Benton

TYPE OF WORK New Well <input checked="" type="checkbox"/> Repair or Modification <input type="checkbox"/> Destruction <input type="checkbox"/>	USE (Check) Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/>	Test Well <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	EQUIPMENT (Check) Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other <input type="checkbox"/>

PROPOSED WELL DEPTH 150 Feet

PROPOSED CASING Steel Other PRC Diameter 6" Wall or Gage 250

PROPOSED SEALING ZONE(S)

From 0 To 20 Feet
 From to Feet
 From to Feet

SEALING MATERIAL (Check)

Neat Cement Puddled-Clay
 Cement Grout Bentec Grout
 Concrete

PROPOSED PERFORATIONS OR SCREEN

From 60 to 150 Feet
 From to Feet
 From to Feet
 From to Feet

DATE OF WORK

Start 5-22-90
 Completion 5-26-90

NAME OF WELL OWNER
John Schumich, Howard Jenkins

MAILING ADDRESS
971, 2nd St. Norco Ca. 91760

NAME OF WELL DRILLER
Marynatha Drilling

COMPANY

DISPOSITION OF APPLICATION (FOR HEALTH OFFICERS USE ONLY)

APPROVED DENIED

APPROVED WITH CONDITIONS

Report Reason(s) for Denial or Necessary Conditions Here:

BUSINESS ADDRESS
Rt 4 Box 19C Bishop Ca 93514

LICENSE NUMBER
417231

\$50 Fee paid on 5-22-90 Recpt. # 1393

SEE ATTACHED LIST OF CONDITIONS

This Permit valid for 6 months from Date of Issuance.

I hereby agree to comply with all regulations of the County Health Department and with all ordinances and laws of the County of Mono and of the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work I will furnish the County Health Department with a complete and accurate log of the well.

Health Officer
Dennis R. Lampeon
 Date 5/22/90

Final

Applicant's Signature
Russell King
 Date 5-21-90

APPLICATION FOR PERMIT TO INSTALL A SEWAGE DISPOSAL SYSTEM

MONO COUNTY HEALTH DEPARTMENT

P. O. Box 476, Bridgeport, California: Phone (619) 932-7485

THREE COPIES OF THIS APPLICATION FORM, WITH TWO COPIES OF THE SITE PLAN OF THE SEWAGE DISPOSAL SYSTEM SHALL BE SUBMITTED.

Property Owners(s) JoAnne Schmutz
Permanent Address Highway 6, Benton Phone (619) 933-2481
Local Address General Delivery, Benton, 93512

SITE OF PROPOSED INSTALLATION:

Assessor's Parcel Number 25 430 - 14 Subdivision Lot

WATER SUPPLY: INDIVIDUAL [X] MUTUAL [] Public Utility (Name of)

TYPE OF STRUCTURE Residence [] Bedrooms

Commercial [X] Describe on separate sheet 24 run dog kennel

X Signature of Applicant JoAnne Schmutz Date 7-12-91

INSTALLER: Owner [X] or Contractor [] (Name) State License

SEWAGE DISPOSAL PERMIT NO. 6-71-5 P.O. 50-00 kept #824

Valid for Six Months from Date of Issue

Septic Tank [] 1,800 Gals. Distribution Box [X] Leaching Field [X] 2 Each laterals 8 Each ft. long 3 ft. of aggregate below drain tile 18 inches wide Leaching Pit [] sq. ft. effective leaching sidewall surface

TO CHECK TO ATTACHED STORAGE DESIGN DRAWINGS

This certifies that permission is hereby granted to JoAnne Schmutz

TO INSTALL THE ABOVE SEWAGE DISPOSAL SYSTEM in accordance with the above application.

By: James Cumpson COUNTY SANITARIAN DATE 12-13-91

CERTIFICATE OF COMPLETION: James Cumpson COUNTY SANITARIAN DATE

PLEASE CONTACT THE COUNTY HEALTH DEPARTMENT FOR FINAL INSPECTION BEFORE BACKFILLING.

PLEASE COMPLETE APPLICATION TO **** LINE AND RETURN TO THIS OFFICE WITH PERMIT FEE.

Residential \$25.00 Commercial \$50.00

DL

7/10/91 1:17 PM HEALTH DEPARTMENT MONO COUNTY CALIFORNIA

**Mono County
Community Development Department**

PO Box 347
Mammoth Lakes CA, 93546
760.924.1800, fax 924.1801
commdev@mono.ca.gov

Planning Division

PO Box 8
Bridgeport, CA 93517
(760) 932-5420, fax 932-5431
www.monocounty.ca.gov

**PLOT PLAN
CHECKLIST**

Lack of a plot plan or any of the required information will delay the review of your plans by the Planning Division.

PLOT PLANS MUST INCLUDE:

- Name/address/phone number of owner, applicant, plan preparer
- North arrow, scale (1"=20', etc.)
- Assessor's Parcel Number (APN)
- Location/name of boundary streets, surface waters and recorded easements on property (include type and size of any easements)
- Dimensioned property lines/project boundary lines
- Location/outside dimensions/use of proposed structures, driveways, parking areas -- distance between structures and setbacks to all property lines and surface waters
- Contour lines if the property is in a flood zone *N/A*

PLOT PLANS MUST ALSO INCLUDE THE FOLLOWING, if applicable:

- Location/outside dimensions/use of existing structures: distance between structures and setbacks to all property lines and surface waters
- Location and name of surface waters within 50 feet of property *N/A*
- Location of utility lines 115 kV or greater within 35 feet of property *EXIST. PP SCE*
- Unusual site features (e.g., hilly terrain, drainages) on property *N/A*

NOTE: New development in the Swall Meadows area are required to submit a Wheeler Crest Design Review application.

The items checked above have been included on the submitted plot plan.



Signature of Applicant

12/22/2021

Date

Mono County
Community Development Department

Planning Division

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Mammoth Lakes, CA 93546
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commdev@mono.ca.gov

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DIRECTOR REVIEW
APPLICATION

APPLICATION # _____ FEE \$ _____
DATE RECEIVED _____ RECEIVED BY _____
RECEIPT # _____ CHECK # _____ (NO CASH)

APPLICANT/AGENT SCOTT J HUGHES

ADDRESS 3904 PINE HILL RD CITY/STATE/ZIP LAKE LAHORE, CA 93240

TELEPHONE (760) 549 3091 E-MAIL hughesjm31@gmail.com

OWNER, if other than applicant ROBERT LYNN

ADDRESS PO BOX 904 CITY/STATE/ZIP AUCAMA, CA 93204

TELEPHONE (____) φ E-MAIL φ

DESCRIPTION OF PROPERTY:

Assessor's Parcel # 2503014 General Plan Land Use Designation _____

PROPOSED USE: Applicant(s) should describe the proposed project in detail, using additional sheets if necessary. Note: An incomplete or inadequate project description may delay project processing.

PRESENTLY IS TO RE-ESTABLISH ELECTRIC SERVICE TO
EXISTING WATER WELL. SEE DESIGN COMPLETED, 3"
CONDUIT INSPECTED, PANEL IN PLACE

FUTURE PROPOSED 900# GARAGE AND APPROX. 1150# MODULAR
HOME

SITE CLEAN UP IN PROCESS

I CERTIFY UNDER PENALTY OF PERJURY THAT I am: legal owner(s) of the subject property
(all individual owners must sign as their names appear on the deed to the land), corporate
officer(s) empowered to sign for the corporation, or owner's legal agent having Power of
Attorney for this action (a notarized "Power of Attorney" document must accompany the
application form), AND THAT THE FOREGOING IS TRUE AND CORRECT.

[Signature]
Signature

Signature 12/22/2021
Date

**Mono County
Community Development Department**

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(760) 924-1800, fax 924-1801
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PROJECT INFORMATION

(To be completed by applicant or representative)

NOTE: Please answer all questions as accurately and completely as possible to avoid potential delays in processing. Attach additional sheets if necessary.

I. TYPE OF PROJECT (check any permit(s) requested):

- Director Review Use Permit Lot Line Adjustment Land Division (4 or fewer)
 Subdivision Specific Plan Variance General Plan Amendment
 Other _____

APPLICANT JOHN J HUGHES

PROJECT TITLE PROPOSED FELECTRIC SERVICE FUTURE RESIDENTIAL

LOT SIZE (sq. ft./acre) 13AC ASSESSOR'S PARCEL # 25 030 14

PROJECT LOCATION 25688 HWY 6 BENTON, CA

Has your project been described in detail in the project application? Yes No

Please Specify:

Number of Units 0 Building Height/# of floors 0 AT THIS TIME
Number of Buildings 0 Density (units/acre) 0

Total lot coverage/impervious surface (sq. ft. & %)
a. Buildings (first-floor lot coverage /sq. ft. & %) ENVIRONMENTAL ≈ 2100%
b. Paved parking & access (sq. ft. & %) 0 PAVED

Landscaping/screening and fencing:

- a. Landscaping (sq. ft. & %) 0
b. Undisturbed (sq. ft. & %) 0

Total parking spaces provided:

- a. Uncovered 0
b. Covered 0
c. Guest/Handicapped 0

II. SITE PLAN

Are all existing and proposed improvements shown on the Plot Plan (see attached Plot Plan Requirements)? Yes No

III. ENVIRONMENTAL SETTING

Use one copy of the Tentative Map or Plot Plan HIA as needed to show any necessary information. Attach photographs of the site, if available.

More on back...

1. VICINITY MAP:

Attach a copy of assessor's parcel pages or a vicinity map showing the subject property in relation to nearby streets and lots or other significant features.

2. EXISTING DEVELOPMENT:

Vacant If the site is developed, describe all existing uses/improvements such as structures, roads, etc. Does the Plot Plan show these uses? Yes No

3. ACCESS/CIRCULATION:

Name of Street Frontage(s) Hwy 6

Paved Dirt No existing access

Are there any private roads, drives or road easements on/through the property?

Yes No DIET DRIVEWAY TO BACK OF PROPERTY

Has an encroachment permit been submitted to Public Works or Caltrans? Yes No

Does the property have any existing driveways or access points? Yes No

Are any new access points proposed? Yes No

Does the Plot Plan show the driveways or access points? Yes No

Describe the number and type of vehicles associated with the project H/A

4. ADJACENT LAND USES:

A. Describe the existing land use(s) on adjacent properties. Also note any major man-made or natural features (i.e., highways, stream channels, number and type of structures, etc.).

LAND USE

LAND USE

North Residential

South Residential

East BLM

West Hwy 6

B. Will the proposed project result in substantial changes in pattern, scale or character of use in the general area? Yes No If YES, how does the project propose to lessen potential adverse impacts to surrounding uses? _____

5. SITE TOPOGRAPHY:

Is the site on filled land? Yes No Describe the site's topography (i.e., landforms, slopes, etc.) _____

6. DRAINAGES:

A. Describe existing drainage ways or wetlands on or near the project site (i.e., rivers, creeks and drainage ditches 12" or deeper and/or within 30' of the property) H/A FLAT

B. Are there any drainage easements on the parcel? Yes No

C. Will the project require altering any streams or drainage channels? Yes No If YES, contact the Department of Fish and Game for a stream alteration permit. IF YES TO ANY OF THE ABOVE, show location on plot plan and note any alteration or work to be done within 30 feet of the stream or drainage.

7. VEGETATION:

A. Describe the site's vegetation and the percentage of the site it covers (map major areas of vegetation on the Plot Plan) NATURAL SAGE, JUNIPER 80% OVERGROW



COUNTY LICENSE
COUNTY OF MONO – STATE OF CALIFORNIA
POST THIS LICENSE IN A CONSPICUOUS PLACE

2021/2022

License No. 4558

THE LICENSEE NAMED HEREON HAS PAID TO THE UNDERSIGNED TAX COLLECTOR THE AMOUNT SHOWN AND IS HEREBY LICENSED, UNDER PROVISIONS OF MONO COUNTY CODE FOR THE PERIOD EXPIRING ON THE DATE SHOWN, TO CARRY ON THE BUSINESS OR OCCUPATION SPECIFIED, AT THE LOCATION SHOWN (IN THE CASE OF A STATIONARY BUSINESS), OR TO OPERATE THE VEHICLE SPECIFIED. THIS LICENSE IS SUBJECT TO ANY SPECIAL CONDITIONS SHOWN AND IS VALID ONLY IN THE UNINCORPORATED TERRITORY OF MONO COUNTY.

LICENSEE, LOCATION-BUSINESS, OCCUPATION, OR VEHICLE

DBA JOHN HUGHES ENTERPRISES
3904 PIUTE HILL RD
LAKE ISABELLA CA 93240

July 1, 2021 DATE OF ISSUE

June 30, 2022 EXPIRATION DATE

BUSINESS PHYSICAL ADDRESS:

3904 PIUTE HILL RD
LAKE ISABELLA CA 93240

JANET DUTCHER, CPA, CGFM, MPA. DIRECTOR OF FINANCE/TREASURER-TAX COLLECTOR

SPECIAL CONDITIONS

THIS LICENSE IS NOT TRANSFERABLE